| int or type. (Form designed for use UNIFORM HAZARDOL WASTE MANIFEST | IS Generator's US | | Manifest Document No. | 2. | Page 1 Inform | nation in | artment of Health Se ubstances Control D Sacramento, Ca the shaded area d by Federal law | |
|---|--|---|--------------------------|----------|--|--------------------------------------|--|--|
| Generator's Name and Mailing Add Para Plate 15910 Shoemaker, Generator's Phone (213 40 | Cerritos, C | A 90701 | | | 871 ate Generator's IC | 197 | | |
| 5 Transporter 1 Company Name Omega Recovery Services C A D0 4 2 24 5 001 | | | | | C. State Transporter's ID 904/879 | | | |
| 7. Transporter 2 Company Name 8. US EPA ID Number 9 Office and Reit of the Pry Signature Ces 12504 E. Whittier Blvd. Whittier, CA 90602 CA D 04 2 2 45 001 | | | | | D. Transporter's Phone 213/698-09 E. State Transporter's ID F. Transporter's Phone G. State Facility's ID C A D 0 4 2 2 4 5 0 0 H. Facility's Phone 213/698-0991 | | | |
| | | | | | | | | |
| Waste ORM-A NOS (Flexosolvent) | NA 1693 | E C | 0 02 | DM | 00061 | | State 211 EPA/Other | |
| 49 | 49 | | | | | | State EPA/Other | |
| | | | | | | | State EPA/Other | |
| | *1 | | +++- | | | | State | |
| Additional Descriptions for Materials | #1 | 0 | | | EPA/Other or Wastes Listed Above | | | |
| Special Handling Instructions and A | dditional Information | | | C. | | d. | | |
| | | | | | 1 | | | |
| GENERATOR'S CERTIFICATION: name and are classified, packed international and national governm If I am a large quantity generator, determined to be economically pr me which minimizes the present a faith effort to minimize my waste of ited/Typed Name Transporter *Acknowledgement of F | nent regulations. I certify that I have a proceed that I have and that I have and future threat to human generation and select the | ogram in place to reduce the selected the practicable | ne volume and | tor tran | of waste generatestorage, or dispo | ed to the sal curre tor, I had | ing to applicable e degree I have ently available to | |
| sobert J CIB | N6EONI | Signature | Cinn | alor | ù | | Month Day Yea | |
| Transporter 2 Acknowledgement of F ed/Typed Name | neceipt of Materials | Signature | | | | , | Month Day Yea | |
| Discrepancy Indication Space | | | | | | | | |
| Facility Owner or Operator Certification | | | | | 1 5 | | | |